



CONFIDENTIAL

REASONABLE ACCOMMODATION REQUEST FORM

If you are requesting a reasonable accommodation, complete this form and return to *Long Island Rail Road Medical Facility, Mail Code 1601, 300 Old Country Road, Suite GL-71, Mineola, NY 11501, ATTN: Assistant Director – Employee Services*. In the spaces below, please type or print the information requested (attach additional pages if required).

Section I. Requestor Information

First Name _____ MI _____ Last Name _____

Address _____

Home Phone _____

Position for which you are requesting an accommodation: _____

What is your current status regarding the position for which you are requesting an accommodation?

- External Applicant
- Internal Applicant/Transfer
- Incumbent

If you are a current LIRR employee, please provide the following information **with regard to your current position**:

Employee # _____

Position _____

Department _____

Work Location _____

Work Phone _____

Section II. Reason for Request

Describe the nature of your disability:

Describe the accommodation you are requesting:

Section III. Signatures

Requestor _____

_____ Date

Assistant Director – Employee Services _____

_____ Date